

59th Medical Wing



U.S. AIR FORCE

59 MDW Urology Produce Line Analysis

Information Brief

Briefer: LtCol Julian

Date: 11 Aug 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Urology Product Line Review

Revised Financing Overview

Prospective Payment System

- MTF receives PRIME capitation funding for enrollees plus ancillary pass-through and specialty mission funding (e.g. student population, etc.)
 - Use resources to maximize return on investment
- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets;

Business Plan Overview

Actual 59 MDW Performance Oct-Apr 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	226,718	14,145	48,784	289,647	70,374	63,642	42,481	93,027	269,524
Target	250,489	22,422	40,921	313,832	82,541	96,674	83,462	64,871	327,548
Diff	(23,771)	(8,277)	7,863	(24,185)	(12,167)	(33,032)	(40,981)	28,156	(58,024)
% Met	91%	63%	119%	92%	85%	66%	51%	143%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,352	201	295	2,848	1,700	255	2,964	2,688	7,607
Target	2,499	249	321	3,069	1,830	387	4,252	1,813	8,282
Difference	(147)	(48)	(26)	(221)	(130)	(132)	(1,288)	875	(675)
% Met	94%	81%	92%	93%	93%	66%	70%	148%	92%

 Bottom-line: -\$4.3M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

Business Plan Overview Summary

- Internal Business Case Analyses to ensure we're:
 - Doing the right mix in-house care/Take care of PRIME
 - Using our resources to get greatest return on investment
 - Maximize FFS capacity to earn revenue
- Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality
- Targets of Opportunity
 - Reimbursements
 - Increase enrollment in areas of growing population
Aggressively referrals in SA MM and Network
- FY05 Business Plan
 - 25% at risk in Year 1 (05)
 - LOE is FY03 less adjustments for mobility & enrollment

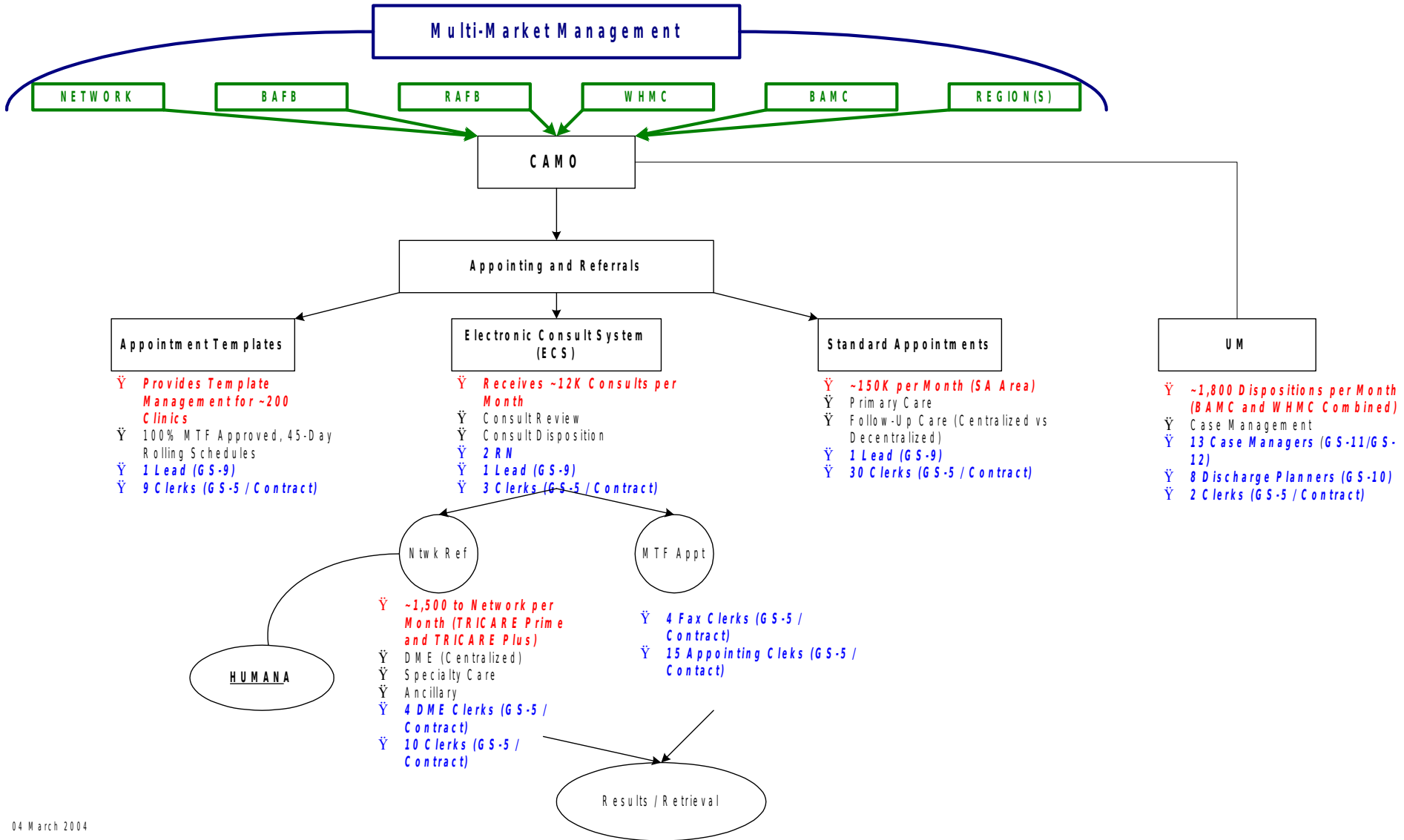
SA-MM Overview

Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office



CAMO Overview Organization Structure



Urology

Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Urology Initiatives and Issues
- Stoplights

Urology

Clinic Description

- Outpatient Clinic with Inpatient/Surgical Caseload
- Service offered at both WHMC & BAMC
- Integrated Residency Program
 - 2 AF Starts per Year/1 Army start per year (4 year program; PG2-6)
 - 8 Total AF Residents/3 Total Army Residents
 - Total 11 Residents in Integrated Program

Urology

GME Program Status

- Residents rotate between WH, BAMC, and the university/VA system.
 - Allows for wide spectrum of clinical and surgical cases
- Last RRC review: 2 Years Ago; 5-year accreditation received
- Problem Areas:
 - Pediatric Uro Numbers - a pervasive problem in this facility (and UT)
 - Residents going to Baylor in Dec 04; incoming UT Peds Urologist will increase local volume in future
 - Staff manpower - major concern now and in the future
 - Currently have 4 full-time/2 part-time urologists - normal staffing is 7 full-time
 - Staff nearing retirement/separation plus fellowship needs
 - Short 2 residents (1 coming on board in Jan 05)
 - Tech (4N0) staffing shortfalls will worsen in future
- Caseload: Good with exception of peds
- OR Starts: Okay
 - Require 10-11 starts per week; currently at 10.5

Urology

Manpower and Staffing

	AUTHORIZED				ASSIGNED				
Providers	MIL	GS	Total		MIL	GS	K	Total	Staffing
45U3 (including T prefixes)	4	0	4	45U3	3	0	0	3	75%
45U3X (sub-specialists)	2	0	2	45U3X	2	0	0	2	100%
42G3 (P.A.)	0	1	1	42G3	0	1	0	1	100%
Total Providers	6	0	7		5	1	0	6	86%
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	0	1	1	4N0X1	0	1	0	1	100%
4N1X1B	8	1	9	4N1X1B	6	1	0	7	78%
4N0X1	0	2	2	4N0X1	0	2	0	2	100%
4A0X1	3	2	5	4A0X1	3	2	0	5	100%
4R051	0	1	1	4R051	0	1	0	1	100%
Total Support	11	7	18		9	7	0	16	89%

↓ 71%

By Name:

45Us: **Cespedes** (Flt/CC), **Lynch** (Prog. Dir)
Bishoff

Part-time 45Us: **Bomalski**, **Sabanegh**

44S3A: **Yerkes**, **Sexton** (Sep: Sep 04; no replacement)

42G3: **Gonzalez**

- >1:1 ratio of support to staff Providers but 4Ns and 4As also support residents (8 AF)
- Staffing will decrease to 4 Full-time when Dr. Sexton separates

Urology

Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
 - None
- AFMS-wide staffing outlook:
 - Critically manned throughout AFMS
 - Shortfalls expected to continue in foreseeable future

Urology

Mobility and Other Deployments

- Physician Deployments (based on SGX listing)
 - FY03: Project Athena supporting Lakenheath FY01-FY03 (ended)
 - FY04 Taskings in Turtle Model:
 - 2d surgeon position on EMEDS as sub for general surgeon
 - Urologist added to theater hospital at deployed location; will rotate around AFMS but as 59 MDW is best staffed, tasking may be here
 - Consolidation of service for AFMS to sustain GME?
- Humanitarian and Civic Assistance
 - Awaiting information

Urology

Access to Care

- Routine Standard for Specialty Care is within 28 Days
- Urology Actual:
 - Pediatric Urology - 18 days
 - Incontinence Clinic - 5 days
 - General Urology for BMTs - 6 days
 - General Urology for all others - 22 days

- Urology is **meeting/exceeding** standard for Routine Access to specialty Care
- Adjusts being made to maintain access when staffing decreases

Urology

Template Review

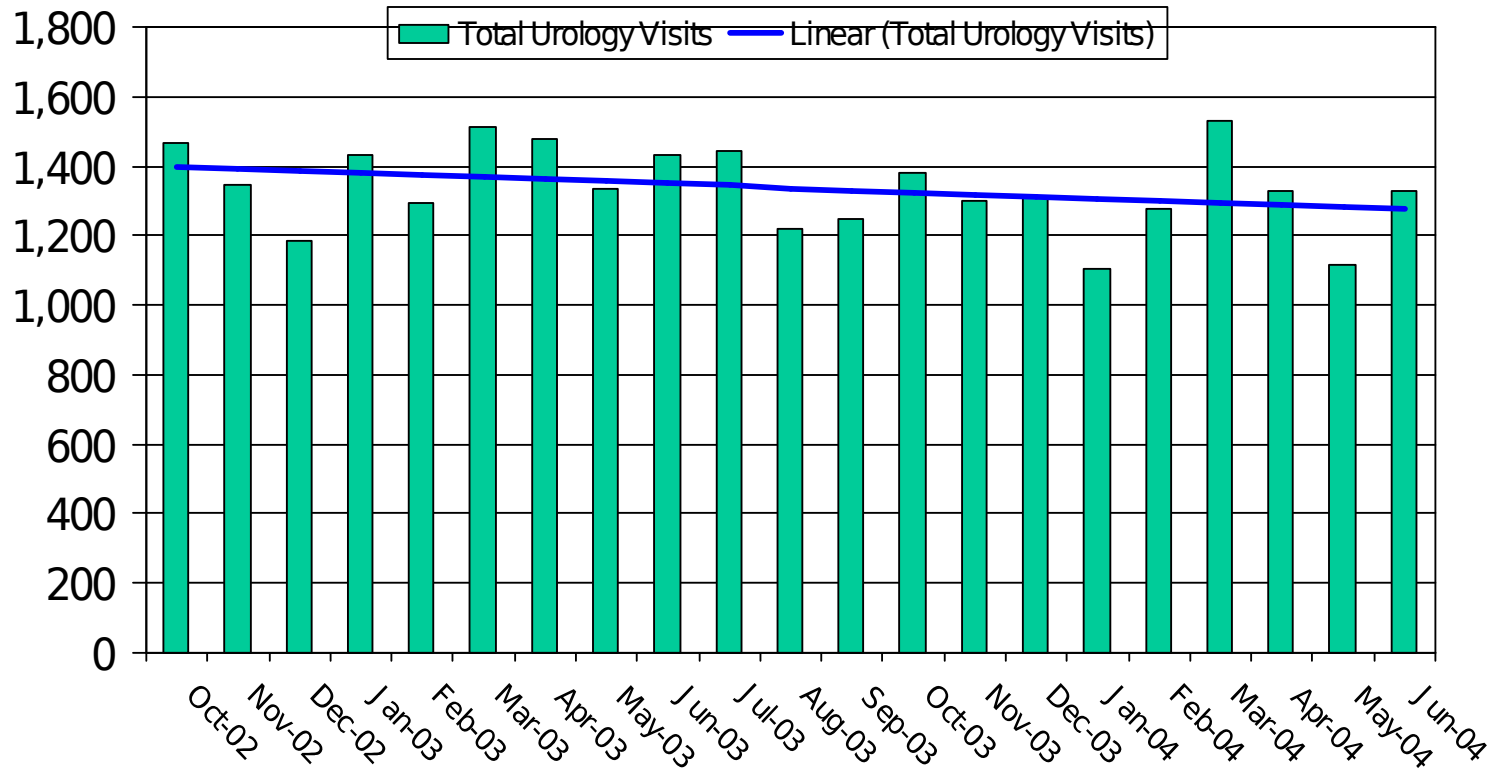
	Urology Clinics							
	APV	Fertility	Inc.	Oncology	Peds	Stone	Urology (General)	Total
# Templated Appts	224	16	51	43	69	36	948	1,387
# Booked Appts	213	14	46	40	52	30	610	1,005
% Booked	95%	88%	90%	93%	75%	83%	64%	72%
# Frozen Templated	37%	0%	0%	0%	0%	0%	0%	6%
# Walk-ins	0	1	0	0	2	0	324	327
% Walk-ins of Total Seen	0%	7%	0%	0%	4%	0%	35%	25%
Total Patients Seen (Booked + W/I)	213	15	46	40	54	30	934	1,332
% Patients Seen Over/Under Expectations (Template)	95%	94%	90%	93%	78%	83%	99%	96%

- 1,332 patients/month total seen in Jun 04 with 5 Staff providers equals 266 patients/month/staff FTE or 13.3 patients/day/FTE

* Sample: Jun 04

Urology

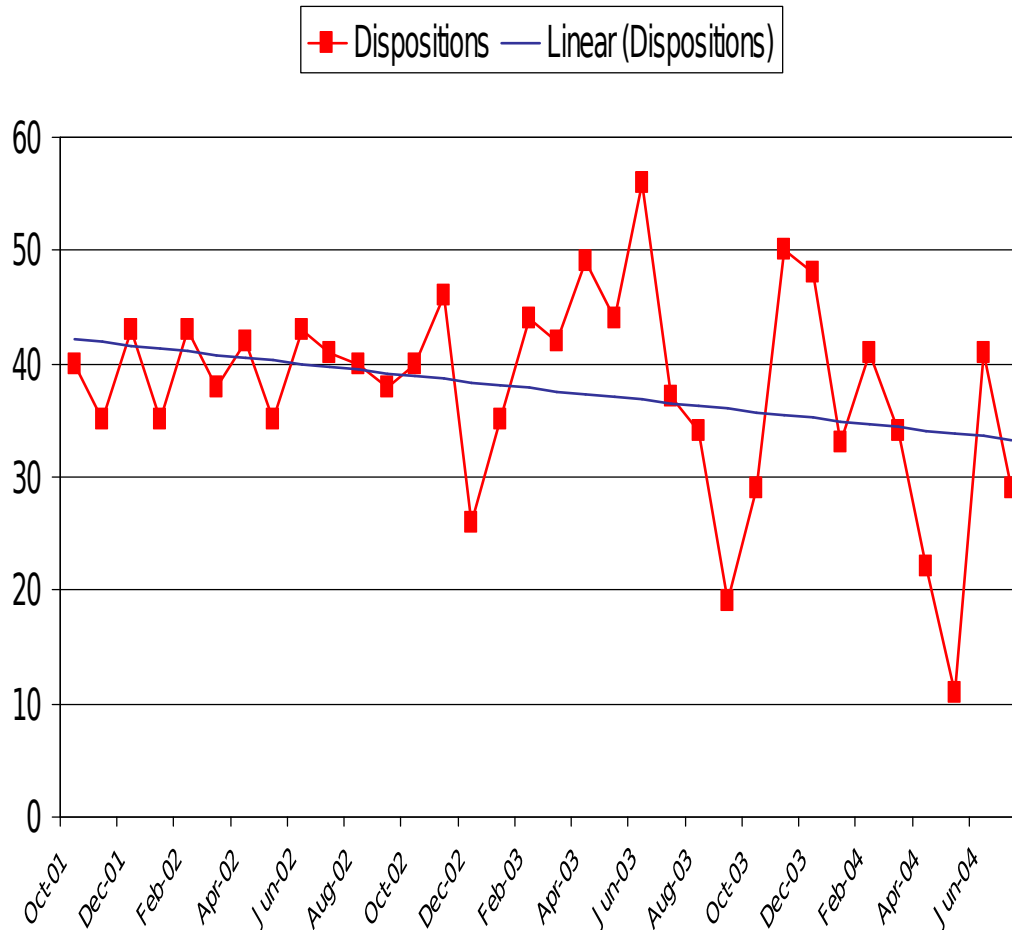
Total Visits Oct 02-Jun 04



- FY04 Avg (to date): 1,298/mo
- FY03 Avg: 1,367/mo
- Change: - 5%

Urology

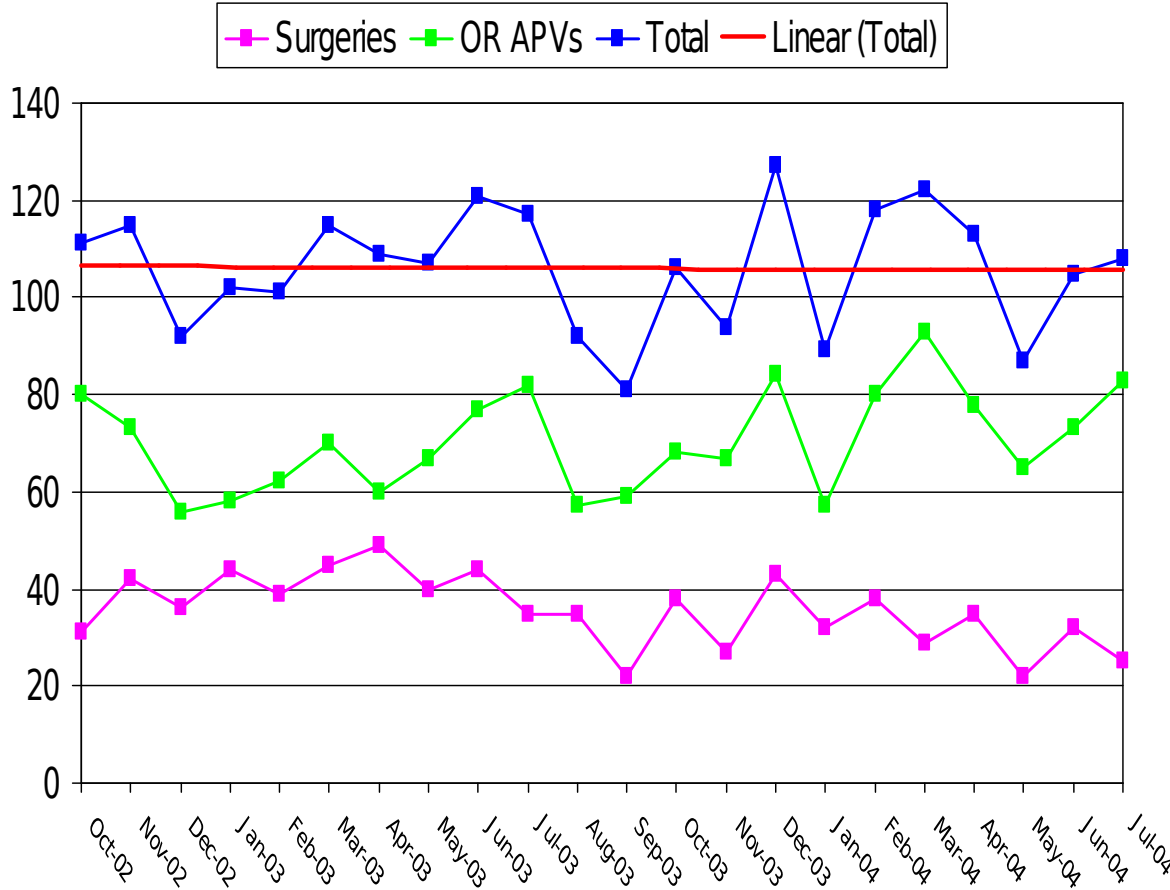
Inpatient Dispositions FY02-FY04



- FY02 is current LOE
- Next year: FY03 LOE
- Dispositions (Avg/mo)
 - FY02: 36.3
 - FY03: 39.3
 - FY04: 33.4

Urology

Surgeries and OR/APVs Oct 02-Jun 04

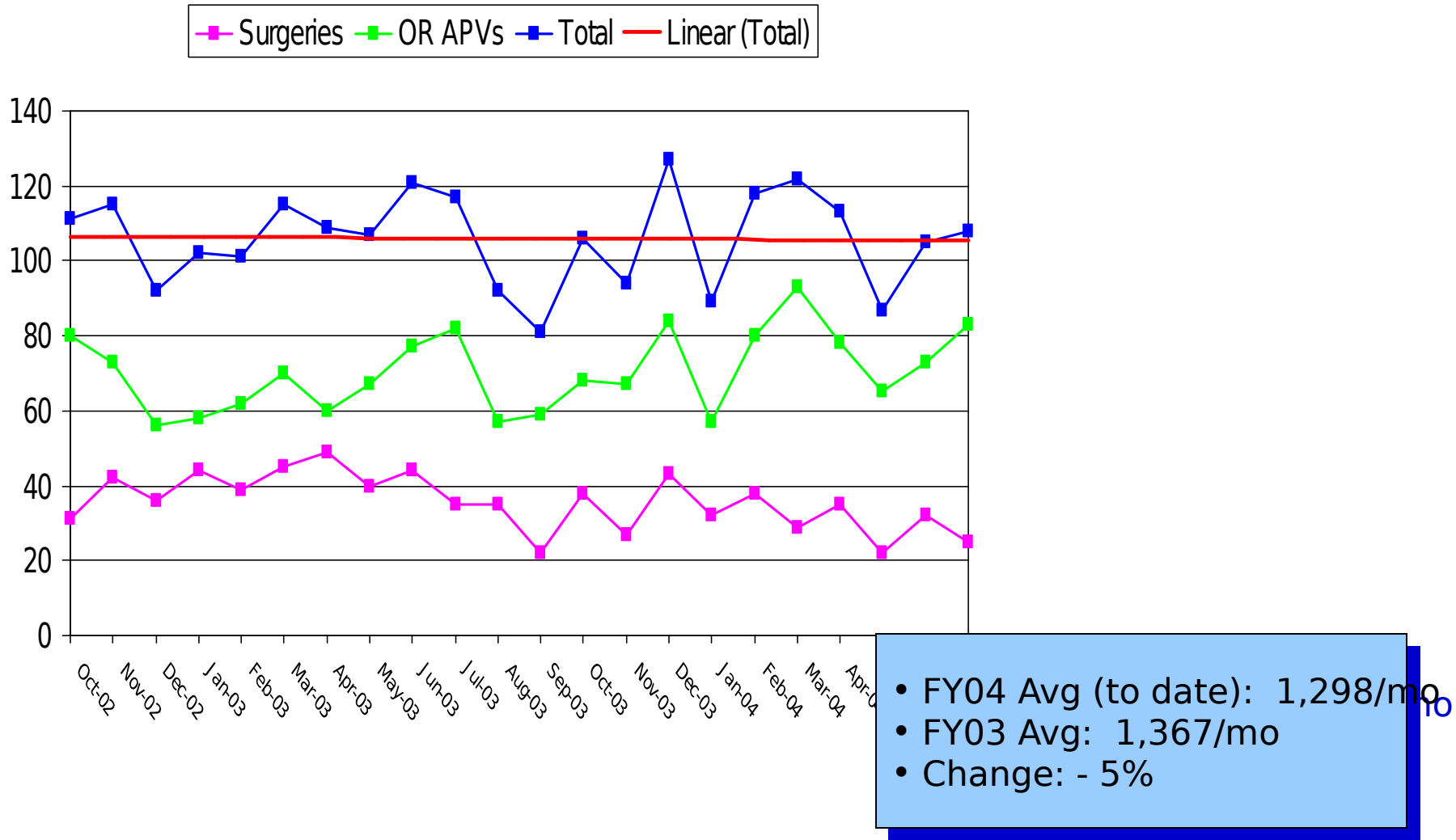


- Avg # Surgeries/mo
 - FY03: 38.5
 - FY04: 32.1
- Avg # OR/APVs/mo
 - FY03: 66.75
 - FY04: 74.8
- Avg \$ Total OR Cases/mo
 - FY03: 105.3
 - FY04: 106.9

- Overall, the number of urology surgical cases has remained steady since Oct 02 even with fewer physicians
 - Avg #/mo increased 2%

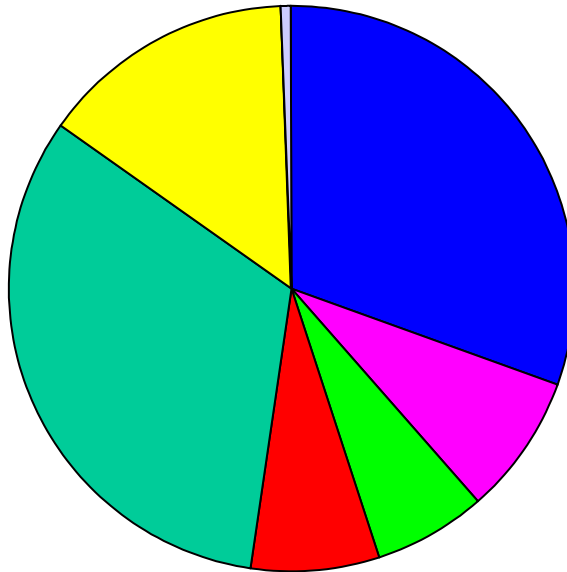
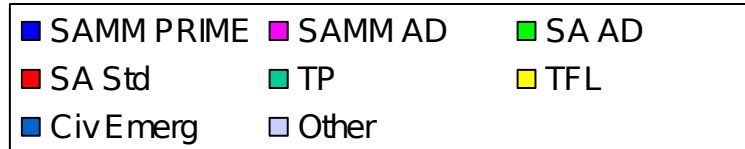
Urology

Surgeries and OR/APVs Oct 02-Jun 04



Urology

Visits by Enrollment Category (FY03)

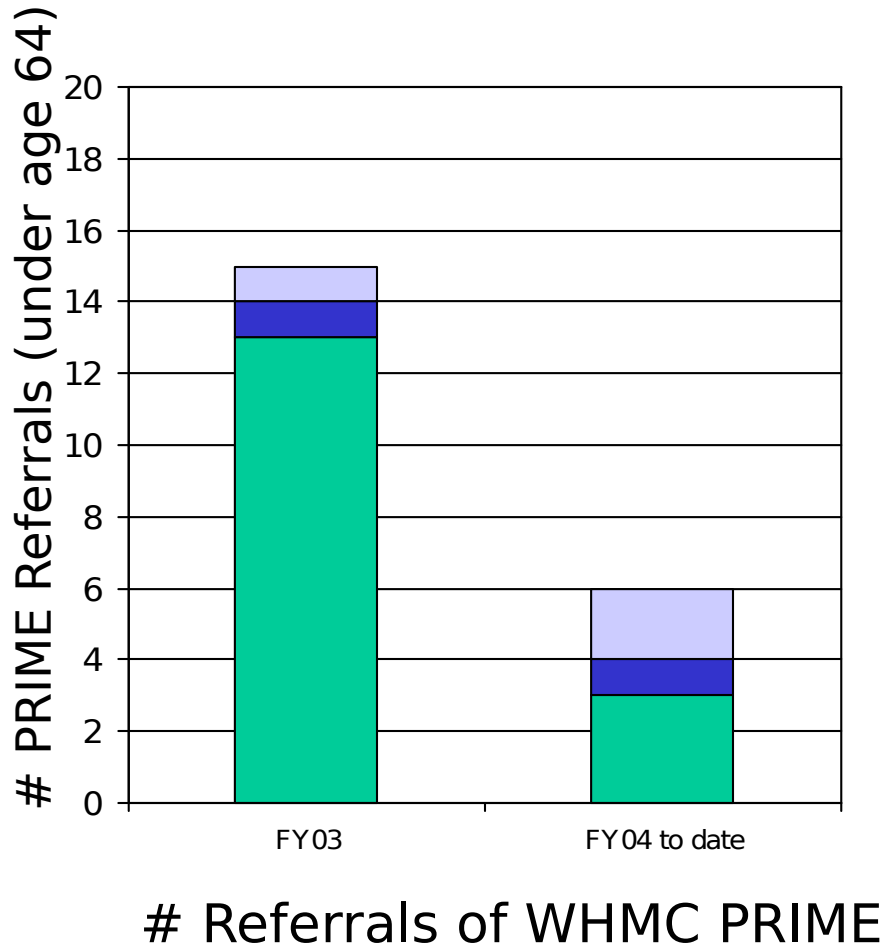


- Total FY03 Users: 6,474
- Total FY03 Visits: 15,579
- Avg: 2.4 Visits per User
 - Plus: 2.8 visits/user
 - PRIME: 2.4 visits/user
 - AD PRIME: 2.0 visits/user
- Total FY03 CMAC: \$908K
 - Avg CMAC/Visit: \$58/visit
 - Plus: \$59/visit
 - PRIME: \$62/visit
 - AD Prime: \$59/visit

- Visits for SAMM PRIME (NAD and AD) and SA AD patients make up 45% of all Urology visits; over age 65 beneficiaries make up 47% of visits
- TP patients have greatest # visits/patient; PRIME<65 visits greatest cost/visit

Urology

PRIME Containment & Referrals to Network



PSC Cost for PRIME to MTFs (FY04)

Non-Enrolled AD: \$1,238

WHMC PRIME: \$5,180

BAMC PRIME: \$6,752

RAFB/BAFB PRIME: \$1,676

Network PRIME: \$27,748

TRICARE Standard: \$19,465

Total PSC < 65: \$62K to date

FY03 Total: \$109K

- Reasons: Majority for continuity of care or 2d opinion; only clinical non-availability area was peds urology at 1 each FY03/04

* Months-long delay in real-time info in M2

Urology

Recapture Opportunities

- WHMC and BAMC have approximately 94.3% of the market share (FY03 Data)
 - WHMC CMAC: \$908K
 - BAMC CMAC: \$891K
 - Purchased Care CMAC (< 65 yrs): \$109K (5.7%)
- FY04 (to date) Private Sector Care Claims:
 - Tricare Standard: \$19.5K
 - Tricare For Life/Tricare Plus: \$124K

- Minimal recapture opportunity for CHAMPUS eligible patients under age 65 who are not enrolled to an MTF
 - In FY03, 59 MDW saw 387 TRICARE Std pts for 763 visits at \$60K CMAC in-house

Urology

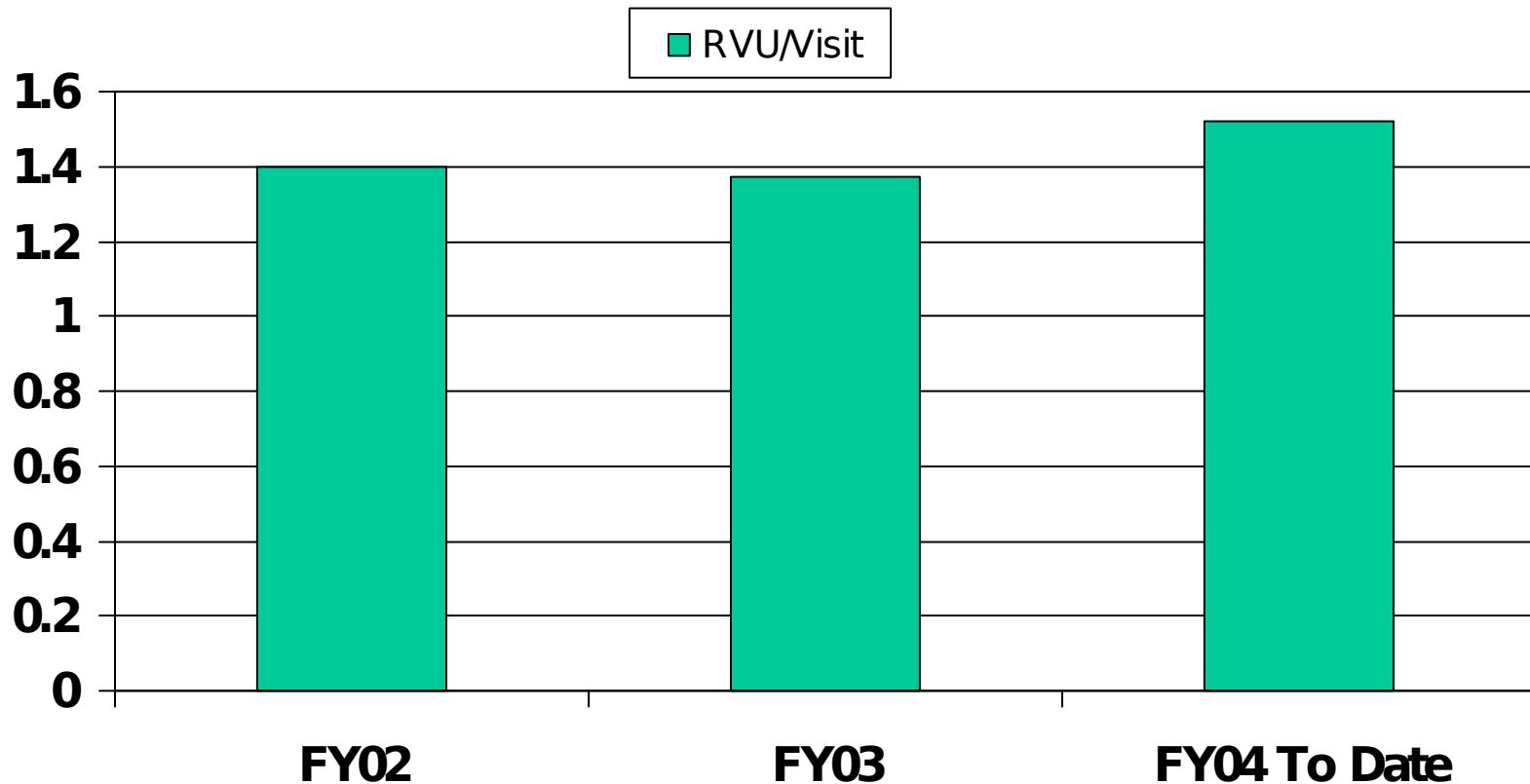
Coding Analysis

- Coder Situation: 1 coder (outpatient)
- Data Quality* (Goal: 90% or more)
 - ICD9: 44.8% (Avg: 80.7%)
 - CPT: 100% (Avg: 76.8%)
 - E&M: 45.5% (Avg: 81.3%)

- Exceeds AFMSA standards for CPT and below for ICD9 and E&M

Urology

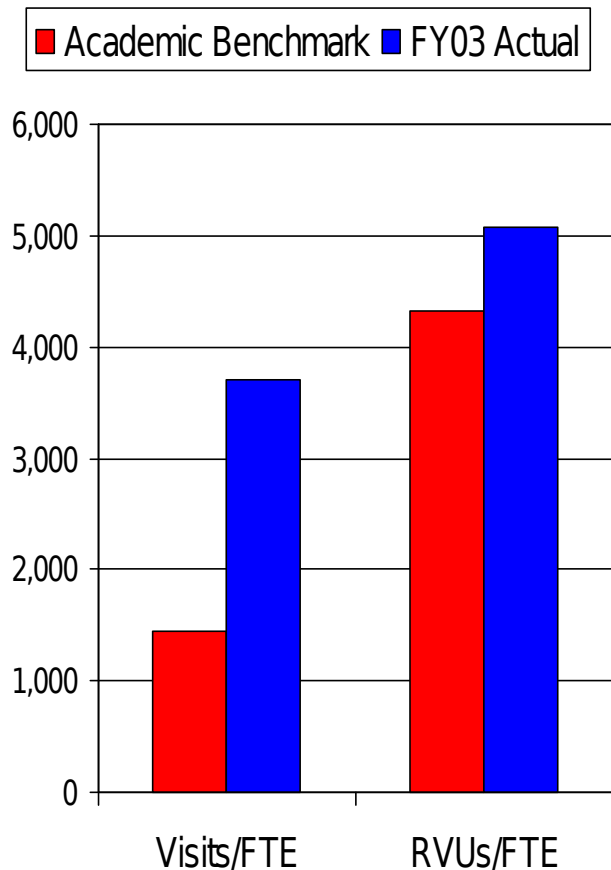
RVUs/Visit (complexity)



- FY04 WHMC Urology measure of complexity increased 11% Over FY03 and will continue now that urology has a coder

Urology

Benchmark Comparison per FTE

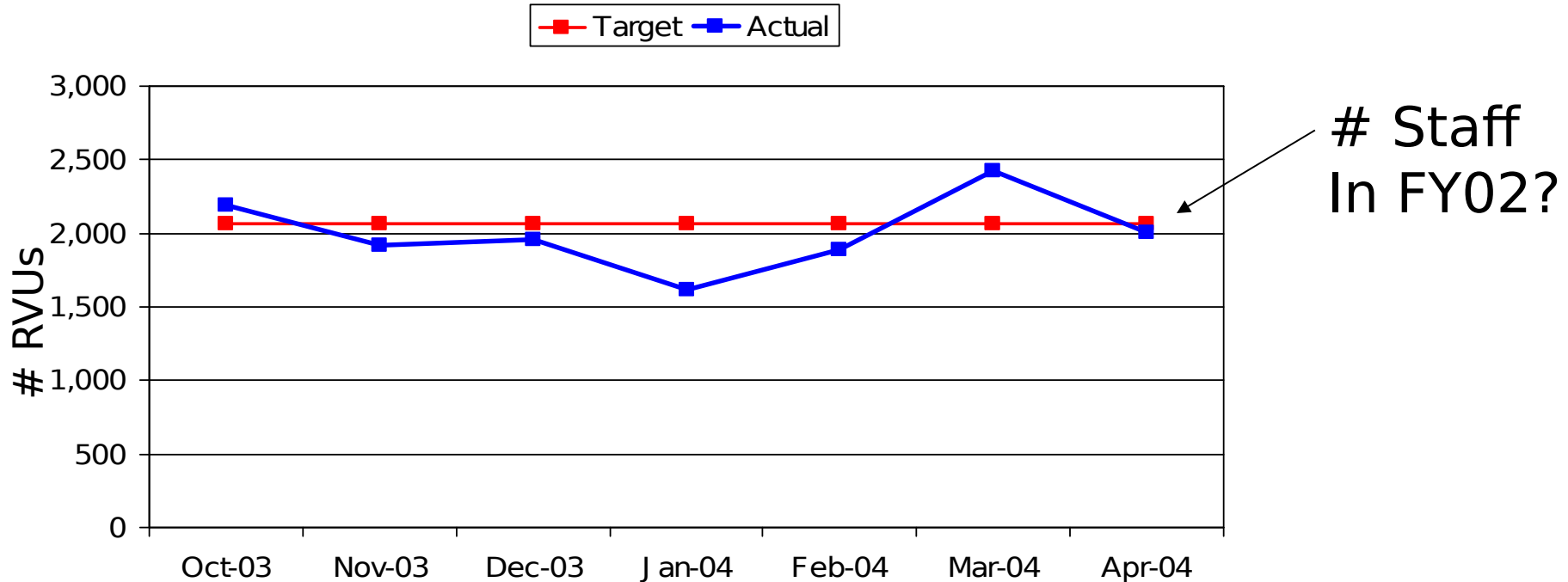


	1 Staff = 1 FTE	1 Staff = .7 FTE
#FTEs	6	4.2
Total FY03 Visits	15,579	15,579
Proj FY04 Visits/FTE	2,597	3,709
Academic Benchmark (visits/FTE)	1,445	1,445
% Exceeding Benchmark	180%	257%
FY03 RVUs	21,314	21,314
RVU/Visit	1.37	1.37
RVU/VTE	3,552	5,075
Academic Benchmark (RVU/FTE)	4,316	4,316
% Exceeding Benchmark	82%	118%

- Urology staff exceeding academic benchmark for visits/FTE and RVU/FTE at 1FTE = 0.7FTE

Urology

Total RVUs vs. BP Target Oct-Apr 04



- Overall RVUs near FY02 LOE(current) for Oct-Apr 04
- FY02 LOE includes more staff MDs
- Good, but Business Plan (BP) looks at RVUs by enrollment category.....

Urology

Business Plan Performance Oct-Apr 04

	PRIME				Fee For Service (FFS)				
	IHC	Other DC	PSC	Total PRIME	Other MTFs' Enrollees	SA AD	SA NAD	TP	Total FFS
Actual Oct-Apr 04	4,344	981	148	5,473	1,785	251	1,970	4,532	8,538
Target	4,341	1,158	232	5,731	1,375	854	2,894	3,618	8,741
Diff	3	(177)	(84)	(258)	140	(147)	(673)	1,398	718
% Met	138%	636%	51%	95%	110%	80%	44%	170%	170%
\$ Implications	\$ 222	\$(13,098)	\$(6,216)	\$(19,092)	\$ 10,360	\$(10,878)	\$(49,802)	\$ 103,452	\$ 53,132

	Total
Overall PRIME	\$ 19,092
Overall FFS	\$ 53,132
Financial Bottom-line	72,224

- Spent \$19K less than projected on PRIME patients
- Earned \$53K more than projected on FFS patients
- Bottom-line: Impacted 59 MDW overall BP performance by +\$72K in Outpatient care

Urology

New FY05 BP Targets

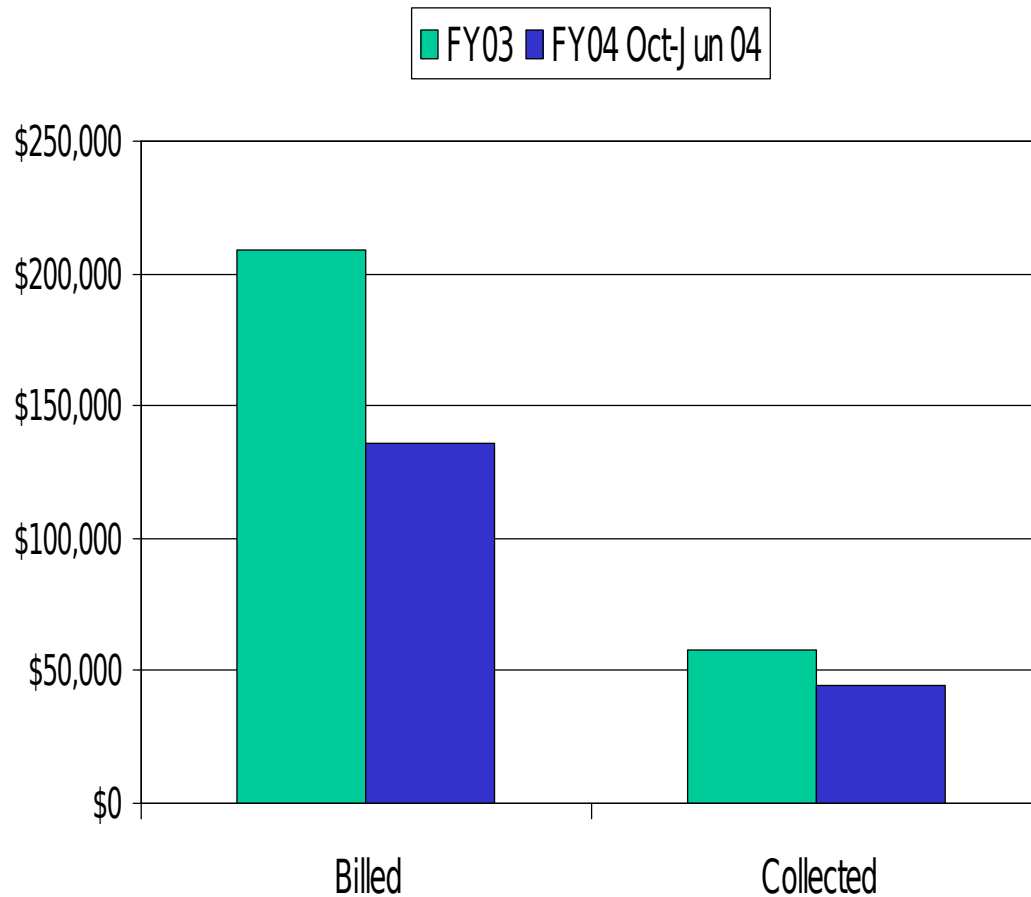
- To be determined in “Surgical Sub” roll-up based on
 - Increased Enrollment
 - Mobility Taskings

	FY02 (Current LOE Baseline)	FY03 (FY05 LOE baseline)	FY04 (Projected)	Current FY04 Execution vs. FY03 (Overall)
Total RVUs	24,808	21,314	24,019	13%
Total RWPs (#Disp x Avg CMI)	500	543	467	-14%

- If CMI increases 15-16% in FY05, FY03 LOE in total RWPs can be met at current number of dispositions
 - Civilian overhire inpatient coders (3)

Urology

Reimbursements FY03 vs. FY04










- Bill to Collection Ratio
 - FY03: 0.28
 - FY04: 0.33 (.30 for APVs & 0.33 for clinic visits)
- Billing less/month than FY03;
monthly Bill Rate:
 - FY03: \$17K/mo
 - FY04: \$13K/mo (-23%)
- Lower OHI Rates; esp TP?








➡ \$44,825 collected
as of Jun 04

Urology Clinic Initiatives

- Start men's health briefing to educate patient before being seen by a provider (Group?)
 - Currently, too much time taken during regular appointments for patient education
- Create prostate follow-up clinic
 - Will increase patient access and free up other slots for non-routine follow-up appointments
- Start using patient wait list for 3, 6 and 12 month follow ups
 - Better customer access and less appointment line traffic.

Urology Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time	
PRIME Containment	
Market Share	

Area Reviewed	
Recapture Opportunity	
Data Quality	
Productivity vs. Civilian Benchmarks	
Total RVUs vs. BP Target	
BP Performance Oct-Apr 04	
Proj. BP Performance (New Targets)	
Clinic Involvement	

Urology Issues

- Provider Staff: Inadequate #
 - Impact: loss of patients to private sector care
- Support staff:
 - MAPPG06 earned 1 nurse, 2 urology techs, and 2 admin techs
 - Received in final roll-out: none
 - Short 2 Urology Techs, losing a 3rd and possibly 4th in 2 months
 - Admin support: more 4As needed maximize productivity
 - 1 RN inadequate: Telephone triage, pre op teaching and post op care
- Space:
 - Waiting area shared with General surgery (GS) and not large enough
 - Vacated staff office used for equipment storage is being loaned to GS for MD office
 - Need equipment storage room
 - Only 5 dedicated exam rooms for staff doctors
 - Not enough room for 3 staff doctors to see clinic and be efficient.

Urology

Next Steps

- Step 2
 - Follow-up: Week 23-27 Aug 04 (Wed or Thursday mornings)
- Step 3
 - Projected WHMC/BAMC Brief: 7-10 Sep 04



Integrity - Service - Excellence